Official Request for Records



Department of Executive Services **Records and Licensing Services Division** 206-263-1977 TTY Relay 711 King County PD.Requests@kingcounty.gov

\rightarrow	To request records,	please complete sectio	ns 1 and 2 and fax of	or mail this form to	the following address:
---------------	---------------------	------------------------	-----------------------	----------------------	------------------------

King County Records and Licensing Services 500 Fourth Ave., Room 411 Seattle, WA 98104

Fax: 206-205-0715

Completed forms also may be seened and amailed to DD Dequests@kingcounty.gov. We will respond to your

	Requestor's Signature: Date:				
\rightarrow	NOTE: RCW 42.56.070 prohibits release of lists of individuals for commercial purposes. I certify that lists of individuals obtained through this request for public records will not be used for commercial purposes.				
	Other (Please Specify): Click to enter text				
	Licensing ☐ For Hire Application ☐ Process Server Application				
	 ☐ Complaint ☐ Kennel Records ☐ Animal Medical History ☐ Pet License ☐ Notice of Violation ☐ Quarantine Notice 				
	Admina Services Activity Report Bite Report Activity History Photographs				
	Please identify the records or documents you are requesting - Check all that apply: Animal Services				
	Nature of Activity (e.g. barking, bite, etc.): Click to enter text				
	Case Number: Click to enter case number Activity Date: Click to enter date				
	Party(s) Involved (First, Last): Click to enter name				
	Address: Click to enter address				
2.	Activity Information:				
	and actual postage cost may apply and is due prior to provision of copies.				
	NOTE: Pursuant to RCW 42.56.070(8) & RCW 42.56.120, a charge of \$0.15 per page for copies, \$1.00 for CDs,				
	☐ I would like to inspect the records prior to copying. ☐ Please send me copies of the records.				
	Please select ONE of the following:				
	Email: Click to enter email You may send records to me by email.				
	Phone: Click to enter phone Alt. Phone: Click to enter alt phone				
	Address: Click to enter address City: Click to enter city ZIP: Click to enter ZIP				
_,	Requestor's Name: Click to enter name				
1.	Requestor information (please print):				
	record subject to disclosure pursuant to RCW 42.56.				
	when we anticipate being able to provide the requested records. Information contained on this form is a public				
	request within five (5) business days following the date of receipt, not including holidays, with an estimate of				